

EXPRESS EV365396907US

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Rec'd PCT/PTO 29 MAR 2005

PTO/SB/81 (11-04)

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POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM

Application Number	
Filing Date	
First Named Inventor	Jill MacDonald Boyce
Title	Implicit Weighting of Reference
Art Unit	Pictures in a Video Encoder
Examiner Name	
Attorney Docket Number	PU030225

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioners associated with the Customer Number:

24498

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number:

OR

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<input checked="" type="checkbox"/> Firm or Individual Name	Thomson Licensing Inc.		
Address	Patent Operations, P.O. Box 5312		
City	Princeton	State	NJ
Country	USA	Zip	08543-5312
Telephone	609-734-6834	Fax	609-734-6888

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Signature	<i>Joseph S. Tripoli</i>	Date	3/18/05
Name	Joseph S. Tripoli, Reg. No. 26,040	Telephone	1-609-734-6834
Title and Company	Sr. Vice President, Thomson Licensing Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**POWER OF ATTORNEY**  
**THOMSON LICENSING S.A.**

We,

THOMSON Licensing S.A..  
46, Quai A. Le Gallo  
F-92100 Boulogne-Billancourt  
France

do hereby grant

Joseph S. Tripoli  
Senior Vice President  
Thomson Licensing Inc.  
Two Independence Way  
Princeton, New Jersey 08540

a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from March 11, 2003.

DATED this 15 day of March, in the year 2004.

B. S. Tripoli

SIGNED

**POWER OF ATTORNEY**  
**THOMSON LICENSING S.A.**

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F-92100 Boulogne-Billancourt  
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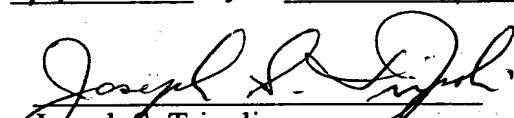
Joseph J. Laks - Vice President  
Irwin M. Krittman - Vice President  
Harvey D. Fried - Manager  
Ronald H. Kurdyla - Manager  
Robert D. Shedd - Manager

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*Two Independence Way*  
*Princeton, New Jersey 08540*

a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from March 11, 2003.

DATED this 17<sup>th</sup> day of March, 2004.

SIGNED

  
Joseph S. Tripoli  
Sr. Vice President  
Thomson Licensing Inc. and  
Attorney In Fact for  
THOMSON Licensing S.A.

WITNESS

  
Davida Fornaiotto

**POWER OF ATTORNEY**  
THOMSON LICENSING S.A.

THOMSON Licensing S.A.  
46, Quai A. Le Gallo  
F-92100 Boulogne-Billancourt  
France

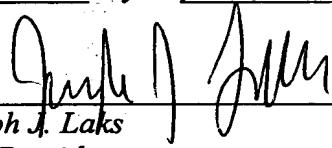
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Guy H. Eriksen  
*Sr. Patent Counsel*  
*Thomson Licensing Inc.*  
*Two Independence Way*  
*Princeton, New Jersey 08540*

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DATED this 17 day of March, 2004.

SIGNED

  
Joseph J. Laks  
*Vice President*  
*Thomson Licensing Inc. and*  
*Attorney In Fact for*  
*THOMSON Licensing S.A.*

WITNESS

  
Davida Fornaiotto

Rec'd PCT/PTO 29 MAR 2005

EV 365316 49145  
10/529711

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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted OR  Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

PU030225

First Named Inventor

Jill MacDonald Boyce

**COMPLETE IF KNOWN**

Application Number

/

Filing Date

Group Art Unit

Examiner Name

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**IMPLICIT WEIGHTING OF REFERENCE PICTURES IN A VIDEO ENCODER**

the specification of which

(Title of the Invention)

 is attached hereto

OR

 was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

ApplicationNumber(s)	Filing Date (MM/DD/YYYY)	
60/415,443	October 1, 2002	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/01 (10-00)

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:  Customer Number \_\_\_\_\_  Correspondence address below

Name	JOSEPH S. TRIPOLI		
Address	Thomson Licensing Inc.		
Address	P.O. BOX 5312		
City PRINCETON	State NJ	ZIP 08543-5312	
Country USA	Telephone 609-734-6834	Fax (609) 734 - 6888	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <u>JILL MacDONALD</u>		Family Name <u>BOYCE</u> or Surname	
Inventor's Signature <i>Jill Mac Donald Boyce</i>			Date <u>8/4/03</u>
Residence: City <u>MANALAPAN</u>	State <u>NJ</u>	Country <u>USA</u>	Citizenship <u>USA</u>
Mailing Address <u>3 Brandywine Court</u>			
Mailing Address			
City <u>MANALAPAN</u>	State <u>NJ</u>	ZIP <u>07726</u>	Country <u>USA</u>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Family Name or Surname	
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
<input type="checkbox"/> Additional inventors are being named on the <u>0</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			